Record of Employee Interview

Department of Housing and Urban Development



_abor Standards	OMB Approval No.	2501-0009 (Exp. (4-30-	-88)	
roject Number	Contractor or Subcontractor (Emp	ployer)			
^o roject Name					
. Name of Employee					
2. Home Address and Zip Code					
3. Last Day You Worked on	Number of Hours Worked				
Project Before Today?	On Project on that Date?				
4. Your Hourly Pay Rate?	\$				
5. Your Job Classification?		Apprentice?	Yes	No	
6. Your Duties?			L	I	
7. Tools or Equipment Used?					
Paid at Least Time and One-Half for All Hours Worked in Excess of 40 in a Week? (if overtime premium pay is not required, enter "inapplicable")			Yes	No	
9. Ever Threatened, Intimidated, or Coerced into Giving Up Any Part of Pay?					
10. Duties Observed by interviewer			1		
			Yes	No	
	C	onform to Classification:			
11. Remarks (Continue on reverse if Necessary)			•		
12 Signature of Interviewer		Date of Interview			
Payroll Examination		1			
13. Remarks (Continue on reverse if Necessary)					
14. Signature of Payroll Examiner		Date			
Previous Edition is Obsolete HU) - 11(9-86)		